



# FINAL INCIDENT REPORT — EMERGENCY RESPONSE BRANCH

State Form 18107 (7-87)

Indiana Department of Environmental Management

FINNL ONLY *K* 10.14.88

3-B Coplay Cement Co.  
Cass County

<input checked="" type="checkbox"/> SPILL <input type="checkbox"/> RADIATION	Incident Number
<input type="checkbox"/> FISH KILL <input type="checkbox"/> AIR <input type="checkbox"/> OTHER	8810C27
Town	County
LOGANSPORT	CASS
Investigator	Report Date (Mo., day, yr.)
T. Griffin	10/12/88

## REPORTING INFORMATION

Incident Date (Month, day, year)	Incident Time	Notification Date (Month, day, year)	Notification Time
10/12/88	11:30 AM	10/12/88	12:30 PM
Responsible Party	Reported By		
COPLEY CEMENT CO			
Contact / Title	Organization		
BRIAN GRAF, PLANT CHEMIST			
Address (Street, city, state, ZIP code)	Address (Street, city, state, ZIP code)		
SR 25 SOUTH CR 275 W.	LOGANSPORT IN		
Telephone Number (Include area code)	Telephone Number (Include area code)		

## SPILL SCENE

Area Affected	Receiving Water	Segment
100 miles	N/A	# 40
Site / Area Description		
CONCRETE PAD		
Photos Available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Type of Area:		
<input type="checkbox"/> 1. Residential	<input type="checkbox"/> 2. Commercial	
<input checked="" type="checkbox"/> 3. Industrial	<input type="checkbox"/> 4. Rural	

## SOURCE

<input type="checkbox"/> 1. Transp.-RR	<input type="checkbox"/> 5. Industrial	<input type="checkbox"/> 9. Municipal STP
<input checked="" type="checkbox"/> 2. Transp.-Truck	<input type="checkbox"/> 6. Agricultural	<input type="checkbox"/> 10. Unknown
<input type="checkbox"/> 3. Transp.-Pipeline	<input type="checkbox"/> 7. Commercial	<input type="checkbox"/> 11. Other
<input type="checkbox"/> 4. Transp.-Barge	<input type="checkbox"/> 8. Semi-Public	<input type="checkbox"/> 12. Individual

## INVESTIGATION PERFORMED BY

<input type="checkbox"/> 1. DEM - ERB	<input type="checkbox"/> 3. Conservation Officer	<input type="checkbox"/> 5. EPA	<input type="checkbox"/> 7. DEM - ERB
<input type="checkbox"/> 2. Other DEM Personnel	<input type="checkbox"/> 4. County Health Dept.	<input checked="" type="checkbox"/> 6. Other	Field

## MATERIAL INFORMATION

Product	G	L	S	Quantity	lb	Gal.
1. FUEL F001				400		
2.						
TLV	LEL	LD 50	Sp Gr			

## CIRCUMSTANCES

<input checked="" type="checkbox"/> 1. Equipment Failure	<input type="checkbox"/> 5. Intentional Discharge
<input type="checkbox"/> 2. Transportation Accident	<input type="checkbox"/> 6. Miscellaneous
<input type="checkbox"/> 3. Employee Error	<input type="checkbox"/> 7. Unknown
<input type="checkbox"/> 4. Vandalism	

## ENVIRONMENTAL CONSEQUENCES

<input type="checkbox"/> 1. Water Quality Violation	<input type="checkbox"/> 5. Undetermined
<input type="checkbox"/> 2. No Water Quality Violation	<input checked="" type="checkbox"/> 6. Air Release
<input type="checkbox"/> 3. Fish Kill	
<input type="checkbox"/> 4. Fish Kill and Water Quality Violation	

## FISH KILL INFORMATION

Stream / Lake	Type of Pollution
N/A	
Specie / Number Killed	
Conservation Officer	
Day / Time of Count	Stream Miles Affected

## RECOVERY INFORMATION

Contractor	Method of Clean-up
RESPONSIBLE PARTY	
Method of Disposal	Quantity Recovered
	400 lb.
Remedial Action Referred to:	

## LABORATORY / FIELD ANALYSIS

Test Performed	Sample Site No.					
	1	2	3	4	5	6
NH <sub>3</sub> - N mg/l						
BOD <sub>5</sub> mg/l						
pH						
S Solids mg/l						
T Solids mg/l						
Fecal						
DO mg/l						
Temp. F° C°						
LEL %						

Spiller and / or Lab Reports Attached?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Copies sent to:	
Prepared By	
T. Griffin	

Reviewed By	Date
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# NOTIFICATION / CONTACTS

STATE POLICE		HEALTH DEPARTMENT	
Representative <i>N/A</i>	Date / Time:	Representative	
District	Phone: ( )	Date / Time:	Phone: ( )
CIVIL DEFENSE		INDIANA DEPT. OF NATURAL RESOURCES	
Representative <i>N/A</i>		Conservation Officer	Date / Time:
Date / Time:	Phone: ( )	District	Phone: ( )
EPA		POISON CONTROL CENTER	
Representative <i>N/A</i>		Representative	
Date / Time:	Phone: ( )	Date / Time:	Phone: ( 800 ) 382-9097
FIRE DEPARTMENT		LOCAL AUTHORITIES	
Representative		Representative / Title	
Date / Time:	Phone: ( )	Date / Time:	Phone: ( )

# OTHER CONTACTS

Name	Organization	Name	Organization
Address (Street, city, state, ZIP code)		Address (Street, city, state, ZIP code)	
Telephone (Include area code) ( )		Telephone (Include area code) ( )	

# NOTES

OUTLET VALVE ON TANKER STUCK AND INNER VALVE WAS NOT CLOSED WHEN OUTLET VALVE WAS CLOSED. MATERIAL RAN FROM VALVE ONTO CONCRETE PAD WHICH DRAINS TO Sump. Sump WAS PUMPED TO FUEL STORAGE.

# AGENCY PERSONNEL

Name:	Time:	Phone Number:
Remarks:		
Name:	Time:	Phone Number:
Remarks:		
Name:	Time:	Phone Number:
Remarks:		

CERCLIS EXECUTIVE SUMMARY

EPA ID# IND

WINDSHIELD SURVEY YES X NO

Original Company Name: Coplay Cement Company

Revised Company Name: \_\_\_\_\_

Alias Names: Louisville Cement Company

Original      Address CR 225 S approx. 1/2 mile west of CR 275 W  
Corrected      Logansport, IN 46947  
Cass County 017 County Code 05 Cong. Dist.

Coordinates: 40 44' 20" Latitude 086 26' 00" Longitude  
Clymers Quadrangle

     Landfill X Generator X Treatment, Storage, Disposal (TSD)  
     Transporter      Other: \_\_\_\_\_

PRIORITY ASSESSMENT: X HIGH      MEDIUM      LOW      NO FURTHER ACTION (NONE)

CLASS:

     I-STATE LEAD      II-REM/FIT LEAD      III-REM/FIT LEAD X IV OTHER:  
     State Accompanies      Limited On-site      RCRA  
     FIT      State Involvement \_\_\_\_\_

=====  
Priority Justification and State Comments Regarding:

X PA      SI      Follow-up SI      RPS      HRS

Coplay Cement disposed of solvents from 1961-1980's into a partially lined concrete slime pit. Groundwater, soils and the settling basin are contaminated. Cleanup appears to be inadequate. Use of process wastewater & soil that are contaminated for cement mixing may be improper.

STATE INVOLVEMENT

C Preliminary Assessments      Site Inspection      follow-up Site Inspection  
     Responsible Party Search      Hazard Ranking System (HRS)

\* COMPLETE DOCUMENTS (C) REVIEW DOCUMENTS (R)

Prepared by: Mary Anne Hunter MAH Phone: 317/232-8928 Date: 2/11/88  
Activity Time: 23 Hours

1941-1942



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER  
IN 00508542

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)

Coplay Cement Company

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER

CR 225 S Approx. 1/2 mi west of CR 275 W

03 CITY

Logansport

04 STATE

05 ZIP CODE

06 COUNTY

07 COUNTY CODE

08 CONG DIST

IN

46947

Cass

017

05

09 COORDINATES LATITUDE

LONGITUDE

40° 44' 20" N

086° 26' 00" W

Clymers Quadrangle

10 DIRECTIONS TO SITE (Starting from nearest public road)

SR 25 SW out of Logansport to CR 275 W turn north to CR 225 S Rd. Site is 1/3 mile west of CR 275 W on CR 225 S.

III. RESPONSIBLE PARTIES

01 OWNER (If known)

Coplay Cement Co.

02 STREET (Business, mailing, residential)

P.O. Box 659

03 CITY

Logansport

04 STATE

05 ZIP CODE

06 TELEPHONE NUMBER

IN

46947

(219) 753-5121

James Boyles

07 OPERATOR (If known and different from owner)

same as above

08 STREET (Business, mailing, residential)

09 CITY

10 STATE

11 ZIP CODE

12 TELEPHONE NUMBER

( )

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL:

(Agency name)

☐ C. STATE

☐ D. COUNTY

☐ E. MUNICIPAL

☐ F. OTHER:

(Specify)

☐ G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: 01/29/86  
MONTH DAY YEAR

☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: / /  
MONTH DAY YEAR

☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

☒ YES

DATE

01/29/86

☐ NO

MONTH DAY YEAR

BY (Check all that apply)

☐ A. EPA

☐ B. EPA CONTRACTOR

☒ C. STATE

☐ D. OTHER CONTRACTOR

☐ E. LOCAL HEALTH OFFICIAL

☐ F. OTHER:

RCRA

(Specify)

CONTRACTOR NAME(S):

02 SITE STATUS (Check one)

☒ A. ACTIVE

☐ B. INACTIVE

☐ C. UNKNOWN

03 YEARS OF OPERATION

1961

Present

☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

solvents (toxic, persistent)

hazardous waste fuels

heavy metals

fuel

PCB's

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

groundwater (population)

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)

☒ A. HIGH

(Inspection required promptly)

☐ B. MEDIUM

(Inspection required)

☐ C. LOW

(Inspect on time available basis)

☐ D. NONE

(No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT

Harry Atkinson

02 OF (Agency/Organization)

IDEM

03 TELEPHONE NUMBER

(317) 232-8927

04 PERSON RESPONSIBLE FOR ASSESSMENT

Mary Anne Hunter

05 AGENCY

IDEM

06 ORGANIZATION

OSHW

07 TELEPHONE NUMBER

(317) 232-8928

08 DATE

02/11/88  
MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID  
☐ B. POWDER, FINES  
☐ C. SLUDGE  
☐ D. OTHER (Specify) \_\_\_\_\_  
☐ E. SLURRY  
☒ F. LIQUID  
☐ G. GAS

02 WASTE QUANTITY AT SITE

(Measures of waste quantities must be independent)

TONS \_\_\_\_\_

CUBIC YARDS \_\_\_\_\_

NO. OF DRUMS \_\_\_\_\_

03 WASTE CHARACTERISTICS (Check all that apply)

- ☒ A. TOXIC  
☐ B. CORROSIVE  
☐ C. RADIOACTIVE  
☒ D. PERSISTENT  
☐ E. SOLUBLE  
☐ F. INFECTIOUS  
☒ G. FLAMMABLE  
☐ H. IGNITABLE  
☒ I. HIGHLY VOLATILE  
☐ J. EXPLOSIVE  
☐ K. REACTIVE  
☐ L. INCOMPATIBLE  
☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	20-60	drums	Dow Clean
PSD	PESTICIDES			potentially more
OCC	OTHER ORGANIC CHEMICALS			
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
OCC	PCB		spill	unknown	unknown
SOL	Methylene chloride		soil/groundwater		
	1,1 dichloroethylene			86	ppm
	1,1 dichloroethane			0.59	40
	1,2 DCA			90	
	1,1,1-TCA			0.31	65
	TCE			1970	5600
	1,1,1,1-TCE			0.83	29
	Toluene		soil	1496	1080
	Benzene			present	ppb
	Ethylbenzene				
	vinyl chloride				
	chloroethane			11	ppb
				1.3	ppb

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis, reports)

Coplay Cement  
Logansport Water Dept.  
IDEM files  
IDNR files

State Mental Health Services



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 1,000-5,000

02 ☒ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Several areas of contamination exist. See attachment.

01 ☐ B. SURFACE WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 0

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Drainage should be towards the north, northwest. Impact, if any, to the Wabash River is believed to be minimal. Surface intakes on the Eel River are not affected.

01 ☐ C. CONTAMINATION OF AIR

03 POPULATION POTENTIALLY AFFECTED: 20,000

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Emissions may result from use of hazardous waste fuels, if all waste is not burned at the temperatures needed for destruction of the various compounds present.

01 ☒ D. FIRE/EXPLOSIVE CONDITIONS

03 POPULATION POTENTIALLY AFFECTED: 1,000-3,000

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Volatile organics present in waste fuels & solvent used for degreasing may cause fire/explosion to occur.

01 ☐ E. DIRECT CONTACT

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Site access to storage areas is restricted 24<sup>hr</sup> security. HW site is manned 24 hrs/day.

01 ☐ F. CONTAMINATION OF SOIL

03 AREA POTENTIALLY AFFECTED: 25  
(Acres)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Several areas of contamination exist. See attachment.

01 ☒ G. DRINKING WATER CONTAMINATION

03 POPULATION POTENTIALLY AFFECTED: 1,000-3,000

02 ☒ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Residents (including Long Cliff Hospital) are on groundwater. Logansport utilizes surface water. Company wells were contaminated.

01 ☒ H. WORKER EXPOSURE/INJURY

03 WORKERS POTENTIALLY AFFECTED: 88

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☒ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

Employees were drinking contaminated water. Bottled water is now supplied by the company.

01 ☐ I. POPULATION EXPOSURE/INJURY

03 POPULATION POTENTIALLY AFFECTED: 20,000

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

04 NARRATIVE DESCRIPTION

See A, C, D, F.



POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE 02 SITE NUMBER

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None reported.

01 ☐ K. DAMAGE TO FAUNA  
04 NARRATIVE DESCRIPTION (include name(s) of species)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None reported

01 ☐ L. CONTAMINATION OF FOOD CHAIN  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Area is rural.

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES  
(Spills/runoff/standing liquids/leaking drums)

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

03 POPULATION POTENTIALLY AFFECTED: \_\_\_\_\_

04 NARRATIVE DESCRIPTION

Presence of solvents in groundwater indicate no containment. See attachment.

01 ☒ N. DAMAGE TO OFFSITE PROPERTY  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☒ POTENTIAL

☐ ALLEGED

Wells sampled off-site are not contaminated.

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

None

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING  
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: \_\_\_\_\_)

☐ POTENTIAL

☐ ALLEGED

Dumping of waste cleaning fluid into the sump was not authorized. Use of contaminated water & soil for cement mixing may be illegal.

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: 20,000

IV. COMMENTS

All areas sampled are/were contaminated

1. lagoon (unlined)
2. fuel tank (was leaking)
3. solvent pit
4. garage

V. SOURCES OF INFORMATION (Cite specific references, e. g., state files, sample analysis, reports)

See Part 2 VI.



## DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

INDIANAPOLIS

OFFICE MEMORANDUM

DATE: March 31, 1988

TO: Coplay Cement Company  
Cercla, 3B file

THRU: Harry Atkinson

FROM: Mary Anne Hunter *MAH #12/88*  
Site Investigation Section

SUBJECT: Attachment to Preliminary Assessment

## Areas of contamination.

There are several areas of contamination which are/may continue to contaminate the groundwater. These are:

1. Sump area. Although approximately 1,018 cubic yards of soil (with total volatile organics of 3,480 ppm) was removed, bedrock is contaminated with residual levels of solvents. In addition, results are not available regarding actual levels of volatiles in the soil because of the method of drilling. No samples were available to show that the area of contamination did not extend beyond the approximate 40' x 60' area excavated. The sump was used since 1961 to dump all solvents for degreasing. The sump is approximately 6 feet deep but did not have a liner in the bottom. This practice was discontinued in the 1980's.
2. Settling basin. The settling basin is 20 acres in size and is 20-30 feet below grade into the bedrock. Soil samples show that low levels of volatile organic contamination exist in the basin. This is not representative of actual conditions due to the number of samples taken. Migration of volatiles into the aquifer is highly probable.
3. Fuel oil. Although a leaking pipe was fixed & soil removed, analysis of samples to ascertain that all contamination was removed was not done. Analysis for fuel oil constituents did not appear to be done. In addition, low levels of volatiles are present in the soil. Migration into the aquifer of concern is likely. The tank sits on a sand & gravel base. In the future, deterioration of the tank may also cause groundwater contamination.
4. Spill. In 1983, a PCB oil spill was reported. It was apparently cleaned up but documentation is not available in State files.
5. Prior oil spills may have occurred but were not reported.
6. Low levels of contamination exist in the garage area soils. This probably indicates poor housekeeping practices in the past.

TO: HARRY ATKINSON, SECTION CHIEF

DATE: 4/12/88

FROM: MARY ANNE HUNTER, ENV. SCI. II

*MAH*  
*4/12/88*

SUBJECT: DOCUMENTATION FOR COPLAY CEMENT PRELIMINARY  
ASSESSMENT (PA)

The information contained in the attachment to the  
preliminary assessment dated March 31, 1988 was derived from  
REPORT OF GROUND WATER CONTAMINATION  
COPLAY CEMENT COMPANY  
LOGANSPOUT, INDIANA

and;

conversations relative to this document with Elaine Gregg of  
the OSHWM Engineering Section and Jeff Michael of the OSHWM  
Compliance Monitoring Section.

Also, I have typed up the telephone conversation that I had  
with Mr. Bayles of Coplay Cement in February of 1988. This  
document is now attached to the PA.



Coplay Cement Company  
Page 2  
March 31, 1988

Reporting Requirements.

Coplay Cement did not report the release of contaminants to groundwater to the EPA, IDEM Emergency Response or NRC. Also, a 103 (c) notification was never submitted.

MAH/cl's

TELEPHONE CALL REPORT

To: Coplay Cement File  
3B, Logansport IN

Date: 2/10/88

From: Mary Anne Hunter *MAH 2/10/88*  
Site Investigation Section

Subject Discussed: Coplay Cement Environmental Problems.

Person Interviewed: Mr. James Bayles, Coplay Cement  
219/753-5121

Mr. Bayles and I discussed the following information.

The settling pond is approx. 20 acres in size. There is an outfall to a creek and finally to the Wabash River. This pond is 20-30 feet below grade in depth and is in contact with the bedrock. The lagoon is stocked with fish.

The sump has been used to dump solvents for approx. 20 years. About 20 drums per year were dumped into the pond.

The Underground Storage Tank leaked prior to finding out about the sump area and the contaminated soil was cleaned up.

The above ground tanks are earthen with sand and gravel bases. They are about 8 years old.

Spill involving PCB's occurred due to a leak in a transformer. PCB is present in some of the waste fuel at a level of approx. 40 ppm.

Tank sizes vary from 450-3,000 gallons. There are on earthen or gravel bases. At least one tank has been there since 1961.

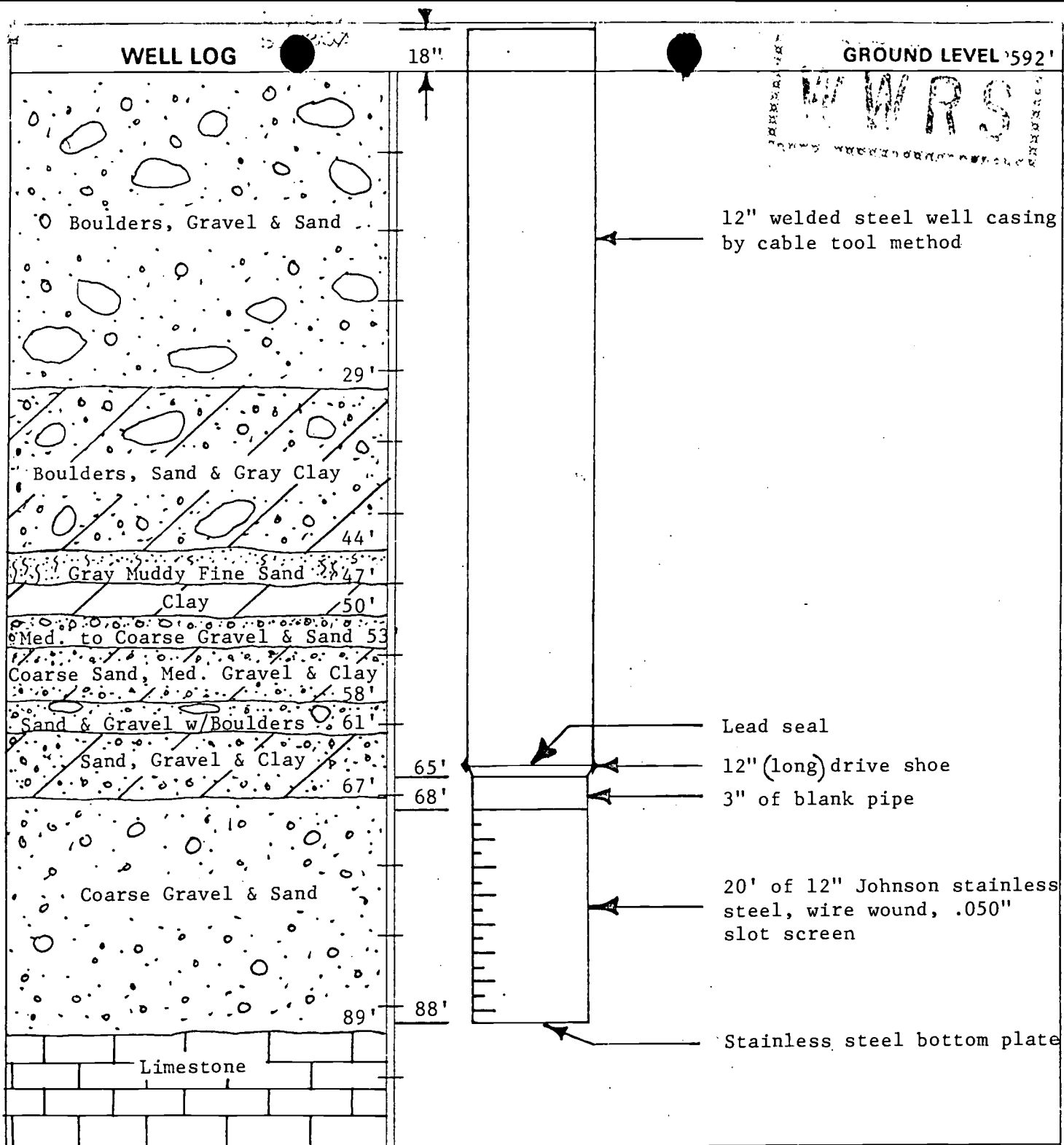
All drainage at the facility runs toward the settling basin.

Mr. Bayles and I discussed the presence of low levels of organics in the settling basin. This presents a possible source of continuing contamination since the bedrock is in contact with the bedrock.

Temperatures at the hot end of the kiln should be sufficient to destroy any volatile organics that may be present in the soil and water.

*AS*





City Logansport State Indiana

Location 30' North of Old #4 Well, 210' South of River Road and 20' West of West Gate Road

County Cass Twp. Clinton Section NW $\frac{1}{4}$ NE $\frac{1}{4}$ NW $\frac{1}{4}$  of 34

Test Capacity 1400 GPM. Static Water Level 17 ft. Pumping Level 30 ft.

Specific Capacity 107.7 GPM/Ft. D.D.

Date Drilled 1/8/86

Driller J. Blatz

Job No. 5533

Well No. 4A

CITY OF LOGANSFORT  
LOGANSFORT, INDIANA

PEERLESS-MIDWEST, INC.  
Granger, Indiana

**FOR ADMINISTRATIVE USE ONLY**  
(Well driller does not fill out)

A circular postmark from New York, NY, dated JAN 1966. The text "NEW YORK, NY" is at the top, "JAN 1966" is at the bottom, and "RECEIVED" is in the center. A handwritten "1" is in the center. The numbers "19660122" are visible on the right side of the circle.





**Layne** *NORTHERN COMPANY*  
SINCE 1907 INCORPORATED

INDIANAPOLIS • MISHAWAKA • LANSING

☒ TEST☐ PERMANENT

Job No. 12278

☐ PERMANENT  
WELL LOG No. 68A CITY Logansport

County Case

Owner City Water Department

Township Clinton

Section

State Indiana

### Location

From Land Description Logansport State Hospital

From Land Description Logansport State Hospital  
From Street or Road 200' S. of 125 South & 880' West of West entrance Rd. to Hosp.

[illegible]

Hole 12 "Dio Drilled by: { Cable Tool X Rotary \_\_\_\_\_ Jetting \_\_\_\_\_  
Reverse Circ. \_\_\_\_\_ Bucket \_\_\_\_\_ Auger \_\_\_\_\_

Rotary Hole Grouted: Neot Cement \_\_\_\_\_ Drilling Mud \_\_\_\_\_ Other \_\_\_\_\_  
 \_\_\_\_\_ feet below ground. Weight \_\_\_\_\_ Pounds per \_\_\_\_\_

Rotary Hole Grouted: Neat Cement \_\_\_\_\_ Drilling Mud \_\_\_\_\_  
Casing 1 1/2 "OD From 4 "above ground to 72' feet below ground. Weight \_\_\_\_\_ Pounds per foot \_\_\_\_\_  
Make Clevton Mark \_\_\_\_\_ Slot \_\_\_\_\_

Casing 1 1/2 " OD From 1 above ground to 60 feet Set from 60 " Set from 60 to 60 feet Make Clayton Mark type \_\_\_\_\_ Slot \_\_\_\_\_





**NORTHERN COMPANY**

INCORPORATED

INDIANAPOLIS • MISHAWAKA • LANSING

W W R S

☐ TEST

☒ PERMANENT

WELL LOG No. 7 CITY Logansport

Owner\_\_\_\_\_City\_\_\_\_\_

Job No. 12371

County Cass

Township Clinton

Section

State: CA

### Location

From Land Description Approx. 200' S. of River Rd.

From Street or Road 300' West of West Entrance Rd. to State Hospital

GNA  
CAS 6

[illegible]

Hole 38 "Dia Drilled by: { Cable Tool \_\_\_\_\_ Rotary \_\_\_\_\_ Jetting \_\_\_\_\_  
Reverse Circ. 2 Bucket \_\_\_\_\_ Auger \_\_\_\_\_

Rotary Hole Grouted: Neat Cement \_\_\_\_\_ Drilling Mud \_\_\_\_\_ Other \_\_\_\_\_

Casing 36" OD From 1" above ground to 59 feet below ground. Weight 94.45 Pounds per foot

Screen 20 " Set from 60 to 80 feet      Make: Cook      Type S.S.      Slot #35

Pumping test 800 GPM drawdown to 21 feet after 8 hours pumping

Date Completed 11-8-68 Driller Paul Wyatt

[illegible]

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water.

essential data concerning a  
ording this information  
new water supplies.  
an accurate well log.  
well location.  
s report must be submitted  
of Water

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46209  
MEIrose 3-6757

**WATER WELL RECORD**

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: \_\_\_\_\_

Congressional township: \_\_\_\_\_ Range: \_\_\_\_\_ Number of section: \_\_\_\_\_

(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets

or distinctive landmarks: Logansport State Hospital Grounds

Test Hole Drilled for Septic Tank  
of Mishawaka Technical Center from logs  
36" were 500 ft away

Name of owner: City of Logansport Address: Logansport Ind.

Name of Well Drilling Contractor: Rockstar Drill & Pump Service

Address: Rockstar Ind.

Name of Drilling Equipment Operator: Leroy P. Dick

INFORMATION ON THE WELL

Completed depth of well: 75 ft. Date well was completed: June 18 - 1968

Diameter of outside casing or drive pipe: 2 length: 75

Diameter of inside casing or liner: \_\_\_\_\_ Length: \_\_\_\_\_

Diameter of Screen: 1" Length: 2 Slot size: 30

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other Test Hole Technical Center

Use of Well: For home ☐ For industry ☐ For public supply ☐ Stock ☐ Draw from long tunnel

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☒ Driven ☐

Static water level in completed well (Distance from ground to water level) 16 ft.

Bailer Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Difference between

Pumping Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. level at end of test)

Signature Leroy P. Dick

Date 6-18-68

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

[illegible]

## INSTRUCTIONS

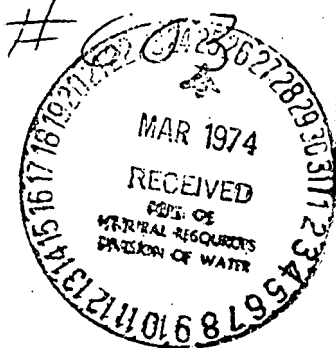
This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water

FOR ADMINISTRATIVE USE ONLY  
(well driller does not fill out)

422706-18-68



## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township Clinton

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

1/4 mile north of junction state road 25 and 200W

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner Farm Bureau Co-Op Address RR#2 Logansport, Indiana

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: Armstrong Well Drilling

Address Box 345 Burlington, Indiana

Name of Drilling Equipment Operator: Earl Armstrong

### WELL INFORMATION

Depth of well: 103ft Date well was completed: 3-8-1974

Diameter of casing or drive pipe: 5" Total Length: 103ft

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☒ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☒ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) 38ft feet

Bailer Test: Hours Tested 1 Rate 100 g.p.m. Drawdown \_\_\_\_\_ ft. (Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Signature Joseph T. Prunty

Date 3-22-1974

# WATER WELL LOG

FOR ADMINISTRATIVE USE ONLY  
(Well driller does not fill out)

COUNTY Calaveras TWP. 26N RGE. 1E NE  $\frac{1}{4}$  SW  $\frac{1}{4}$  SEC 4 Subdivision Name \_\_\_\_\_

Topo Map Calaveras 7 1/2 \_\_\_\_\_ Ft W of EL. \_\_\_\_\_ Ground Elevation 225 \_\_\_\_\_

Field Located By MDL Date 8/9/76 \_\_\_\_\_ Ft N of SL. 1300 \_\_\_\_\_ Depth to bedrock \_\_\_\_\_

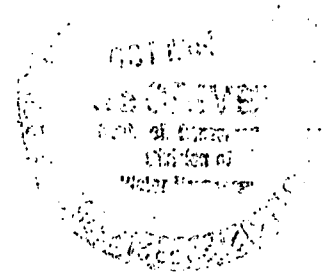
Courthouse Location By \_\_\_\_\_ Date \_\_\_\_\_ \_\_\_\_\_ Bedrock elevation \_\_\_\_\_

Location accepted w/o verification by \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Aquifer elevation 622 \_\_\_\_\_ Lot Number \_\_\_\_\_

FORMATIONS (Color, type of material, hardness, etc.)	From	To	
yellow clay	0	16	
grey clay	16	30	
<del>XXXX</del> boulder	30	31	
<del>XXXXXX</del> grey clay	31	45	
gravel	45	60	
grey clay	60	75	
gravel	75	103	
			Yellowish
			stone.
			chert & calc.
			Yellowish & red
			rock
			20' cl. contact 75-100' +
			contact of northwestern corner



DIVISION OF WATER RESOURCES  
INDIANA DEPARTMENT OF CONSERVATION  
609 STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46209  
Melrose 3-6757



WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: \_\_\_\_\_

Congressional township: \_\_\_\_\_ Range: \_\_\_\_\_ Number of section: \_\_\_\_\_

(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets or distinctive landmarks: 1 mile west of Hospital on Black top Road.

Known as the Porter Farm - Logansport?

Name of owner: Porter Farm Address: Logansport Ind

Name of Well Drilling Contractor: Blumhoff 71a

Address: 2316 Monroe St Anderson Ind

Name of Drilling Equipment Operator: Blumhoff 71a

INFORMATION ON THE WELL

Completed depth of well: 152 ft. Date well was completed: June 1 - 64

Diameter of outside casing or drive pipe: 2.8" Length: 19'

Diameter of inside casing or liner: 6" Length: 24 ft

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For home ☒ For industry ☐ For public supply ☐ Stock ☒

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐

Static water level in completed well (Distance from ground to water level) 6 ft.

Bailer Test: Hours tested 1 Rate 1000 g.p.m. Drawdown None ft. (Difference between

Pumping Test: Hours tested 4 Rate 2500 g.p.m. Drawdown 2 ft. static level and water level at end of test)

Signature Blumhoff 71a

Date June 10 - 64



DIVISION OF WATER RESOURCES  
INDIANA DEPARTMENT OF CONSERVATION  
609 STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46209  
MElrose 3-6757

WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: \_\_\_\_\_

Congressional township: \_\_\_\_\_ Range: \_\_\_\_\_ Number of section: \_\_\_\_\_

(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets  
or distinctive landmarks: S + W. of Logansport

Name of owner: Ella Seybold Address: \_\_\_\_\_

Name of Well Drilling Contractor: Johnson

Address: \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

INFORMATION ON THE WELL

Completed depth of well: 72 ft. Date well was completed: 10-29-55

Diameter of outside casing or drive pipe: 4" Length: \_\_\_\_\_

Diameter of inside casing or liner: \_\_\_\_\_ Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot size: 2 1/2"

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other 2

Use of Well: For home ☐ For industry ☐ For public supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐

Static water level in completed well (Distance from ground to water level) \_\_\_\_\_ ft.

Bailer Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Difference between  
static level and water

Pumping Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. level at end of test)

Signature u s s s

Date JR 7W

[illegible]

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation.

DIVISION OF WATER RESOURCES  
INDIANA DEPARTMENT OF CONSERVATION  
609 STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46209  
MElrose 3-6757

WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: \_\_\_\_\_

Congressional township: \_\_\_\_\_ Range: \_\_\_\_\_ Number of section: \_\_\_\_\_

(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets  
or distinctive landmarks: \_\_\_\_\_

Name of owner: Alice Seybolt Address: SW of Logansport

Name of Well Drilling Contractor: Johnson

Address: \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

INFORMATION ON THE WELL

Completed depth of well: 72 ft. Date well was completed: 10-29-55

Diameter of outside casing or drive pipe: 4 Length: \_\_\_\_\_

Diameter of inside casing or liner: \_\_\_\_\_ Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot size: #20

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For home ☐ For industry ☐ For public supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐

Static water level in completed well (Distance from ground to water level) \_\_\_\_\_ ft.

Bailer Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Difference between  
static level and water

Pumping Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. level at end of test)

Signature Driller

Date Fall

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

[illegible]

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation.

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

Logansport  
#54

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled CASS Civil Township Clinton  
Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

S.E. CORNER, 375 West - 225 South

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner U.S.G.S. Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: U.S.G.S.

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

Well Palled 8-2-76

### WELL INFORMATION

Depth of well: 28.4 Date well was completed: 10-1-75

Diameter of casing or drive pipe: 1 1/2" Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: 1 1/4" Length: 3 ft Slot Size: # 70 GAUZE

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐ AUGER

Static water level in completed well (Distance from ground to water level) 11.4 10-1-75 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

(Drawdown is the difference between static level and water level at end of test)

Signature U.S.G.S.

Date 5-18-76

# WATER WELL LOG

**FOR ADMINISTRATIVE USE ONLY**  
(Well driller does not fill out)

Logansport #54

[illegible]





## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township \_\_\_\_\_

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

Logansport

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner Hongcliff State Hospital Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor Hayne - Northern

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

### WELL INFORMATION

Depth of well: 175' Date well was completed: 7/2/48

Diameter of casing or drive pipe: 16' 8" Total Length: 65'

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) 30 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. \_\_\_\_\_ Drawdown \_\_\_\_\_ ft.

Pumping Test: Hours Tested 18 hr. Rate \_\_\_\_\_ g.p.m. \_\_\_\_\_ Drawdown \_\_\_\_\_ ft.

(Drawdown is the difference between static level and water level at end of test)

Signature J. Hill

Date 7-77

Copied from old file



# WATER WELL LOG

FOR ADMINISTRATIVE USE ONLY

(Well driller does not fill out)

COUNTY

*Cass*

TWP

RGE

*1E*

*30N*

SEC

*5*

Subdivision Name

Topo Map

*Chapman 1E*

Field Located

By

Date

Courthouse Location

By

Date

Location accepted w/o verification by

Ft W of EL

Ground Elevation

Ft N of SL

Depth to bedrock

Ft E of WL

Bedrock elevation

Ft S of NL

Aquifer elevation

Lot Number

From

To

FORMATIONS (Color, type of material, hardness, etc.)

*Hard red gravelly clay*

*0*

*20*

*Soft blue*

*20*

*39*

*Gravelly blue shale*

*39*

*54*

*Hard gravelly blue clay*

*54*

*64*

*Limestone*

*64*

*173*

*Shale*

*173*

*175*

Remarks

*Water temp. 55.5°*

**MISHAWAKA, INDIANA**

□ TEST

☒ PERMANENT

Job No. R11052

WELL LOG No. 3 CITY Logansport

County Cass

Owner Louisville Cement Co.

Township Clinton

Section

Location 80' W. of Main driveway -27' S. of 2nd floor drive ramp Indiana

From Land Description \_\_\_\_\_ ft. East and \_\_\_\_\_ ft. North of SW Corner of Section.

### From Street or Road

[illegible]

12 inch diameter hole drilled by ☒ Cable Tool ☐ Rotary ☐ Jetting

Pipe left in hole 7' 6"

Date Started 3-19-64 Finished 4-10-64

**Schoon**

**DRILLER**

**Incorporated**

**□ TEST**

☒ PERMANENT

WELL LOG No. 2 CITY Logansport

County Cass

Owner Louisville Cement Co.

Township Noble Clinton

Section

### Location

State Indiana

From Land Description \_\_\_\_\_ ft. East and \_\_\_\_\_ ft. North of SW Corner of Section.

From Street or Road 100' South west of stand pipe - 1130' N. of East West County Rd.

Date Started 3/10/61 Finished 4/10/61 Stillwell

**DRILLER**

**Incorporated**

☐ TEST

☒ PERMANENT

Job No. M10318

WELL LOG No. 1 CITY Logansport

County Cass

Owner Louisville Cement Company

Township Noble Clinton

Speed, Indiana

Section

### Location

State Indiana

From Land Description\_\_\_\_\_ft. East and\_\_\_\_\_ft. North of SW Corner of Section.

From Street or Road 570' North of East-West County Road to Crowe Farm

600' East of North-South County Road to Crowe Farm

Pipe left in hole 10 inch diameter hole drilled by ☒ Cable Tool ☐ Rotary ☐ Jetting  
23'

Date Started 1-9-61

Finished 2-15-61

Ed. Mossman

**DRILLER**

**NORTHERN COMPANY**

**Incorporated**

INDIANAPOLIS • MISHAWAKA • LANSING

☐ TEST

☒ \* PERMANENT

Job No. M11809

WELL LOG No. 4 CITY Logansport, Indiana

County Cass

Owner Louisville Cement Co.

Township Clinton

Section 5

State Indiana

Location 550' W. of #2 well

### From Land Description

From Street or Road:

[illegible]

12 " Dia. Hole Drilled by \_\_\_\_\_ Cable Tool \_\_\_\_\_ Rotary \_\_\_\_\_ Jetting \_\_\_\_\_  
 \_\_\_\_\_ Reverse Circulation \_\_\_\_\_ Bucket \_\_\_\_\_ Auger \_\_\_\_\_  
 \_\_\_\_\_ " Casing From \_\_\_\_\_ " above ground to \_\_\_\_\_ ft. below ground  
 \_\_\_\_\_ " Screen Set From \_\_\_\_\_ to \_\_\_\_\_ ft. Type \_\_\_\_\_ Slot \_\_\_\_\_  
 Pumping Test \_\_\_\_\_ GPM at \_\_\_\_\_ ft. Pumping level After \_\_\_\_\_ hours



Logansport  
#55

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled CASS Civil Township Clinton  
Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

225 South at approx. 450 West, Southside

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner U.S.G.S. Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: U.S.G.S.

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

### WELL INFORMATION

Well Palled  
8-2-76

Depth of well: 24.1 Date well was completed: 10-2-75

Diameter of casing or drive pipe: 1 1/2" Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: 1 1/4" Length: 3ft Slot Size: #50 GAUGE

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐ Auger

Static water level in completed well (Distance from ground to water level) 8.0 10-2-75 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

(Drawdown is the difference between static level and water level at end of test)

Signature U.S.G.S.

Date 5-18-76

# WATER WELL LOG

**(Well driller does not fill out)**

Logansport #55

CROSS COUNTY

TWP. 26 RGE. 15

SE  $\frac{1}{4}$  NE  $\frac{1}{4}$  SW, SEC 6

Subdivision Name

Topo Map C18 m225

—Ft W of EL.

Ground Elevation 690

Field Located By W S S Date 5-18-76

## FIN of SL.

Depth to bedrock 271

Courthouse Location By \_\_\_\_\_ Date \_\_\_\_\_

2500 Ft E of WL

Bedrock elevation 661

Location accepted w/o verification by \_\_\_\_\_

1300 Ft S of NL.

Aquifer elevation \_\_\_\_\_ Lot Number \_\_\_\_\_

[illegible]

DIVISION OF WATER RESOURCES  
INDIANA DEPARTMENT OF CONSERVATION  
609 STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46209  
MElrose 3-6757

WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: \_\_\_\_\_

Congressional township: 27N Range: 14W Number of section: 36  
(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets

or distinctive landmarks: W of Long Cliffs 4 mi E S 1 mi out  
of Logansport.

Name of owner: Wm. Bryan #2 Address: \_\_\_\_\_

Name of Well Drilling Contractor: Johnson

Address: \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

INFORMATION ON THE WELL

Completed depth of well: 106 ft. Date well was completed: 9/16/55

Diameter of outside casing or drive pipe: 4 Length: \_\_\_\_\_

Diameter of inside casing or liner: \_\_\_\_\_ Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For home ☐ For industry ☐ For public supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐

Static water level in completed well (Distance from ground to water level) 30 ft.

Bailer Test: Hours tested \_\_\_\_\_ Rate 80? g.p.m. Drawdown \_\_\_\_\_ ft. (Difference between

Pumping Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. level at end of test)

Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

# WATER WELL LOG

[illegible]

## INSTRUCTIONS

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation.

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township Jefferson

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

Georgetown Rd + 580 W on N side of Road  
21N 1W Sec 35-36

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner Fred Nethercutt Address Rt

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: Mass Well Drilling Inc

Address Box 225 Galveston Indiana

Name of Drilling Equipment Operator: Daniel Moss

### WELL INFORMATION

Depth of well: 99' Date well was completed: 6/6/73

Diameter of casing or drive pipe: 5 3/16" Total Length: 22'

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☒ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☒ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) 36 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Pumping Test: W/air Hours Tested \_\_\_\_\_ Rate 100 g.p.m. Drawdown \_\_\_\_\_ ft.

(Drawdown is the difference between static level and water level at end of test)

Signature Patricia Moss Lee

Date 6/9/73



DIVISION OF WATER RESOURCES  
INDIANA DEPARTMENT OF CONSERVATION  
609 STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46209  
MElrose 3-6757

WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: \_\_\_\_\_

Congressional township: 27N Range: 1W Number of section: 36

(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets  
or distinctive landmarks: Logansport S river Rd. below Long  
Cliff 4 mi.

Name of owner: Wm. Bryan #1 Address: \_\_\_\_\_

Name of Well Drilling Contractor: Johnson

Address: \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

INFORMATION ON THE WELL

Completed depth of well: 66 ft. Date well was completed: 2/5/53

Diameter of outside casing or drive pipe: 4 Length: \_\_\_\_\_

Diameter of inside casing or liner: \_\_\_\_\_ Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For home ☐ For industry ☐ For public supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐

Static water level in completed well (Distance from ground to water level) 36 ft.

Bailer Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Difference between

Pumping Test: Hours tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. static level and water  
level at end of test)

Signature \_\_\_\_\_

Date \_\_\_\_\_

## WATER WELL LOG

[illegible]

## INSTRUCTIONS

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation.



DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

Logansport  
#172

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled CLASS Civil Township JEFFERSON

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

600 West, 0.3 mi. south of 50 South  
East side.

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner U.S.G.S. Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: U.S.G.S.

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

### WELL INFORMATION

Depth of well: \_\_\_\_\_ Date well was completed: \_\_\_\_\_

Diameter of casing or drive pipe: 1 1/2 Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) \_\_\_\_\_ feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

(Drawdown is the difference between static level and water level at end of test)

Signature U.S.G.S.

Date 5-18-76

**FOR ADMINISTRATIVE USE ONLY**  
(Well driller does not fill out)

Logansport #72

COUNTY CASS TWP 27N RGE 13E  
 23 1/4 27N 13E SEC 23  
 Subdivision Name

Topo Map Chappaqua

                     Ft W of EL.                      Ground Elevation 592

Field Located By U.S.G.S. Date 5-18-76

---

458.00 Ft N of SL. Depth to bedrock 5

Courthouse Location By \_\_\_\_\_ Date \_\_\_\_\_  
500 Ft E of WL. Bedrock elevation 587.

Location accepted w/o verification by \_\_\_\_\_

\_\_\_\_\_ FTS of NL. \_\_\_\_\_

Aquifer elevation \_\_\_\_\_

Lot Number \_\_\_\_\_

Ground Elevation 292

45200 Ft N of SL. Depth to bedrock 5

500 Ft E of WL. Bedrock elevation 387.

**Ft S of NL.**

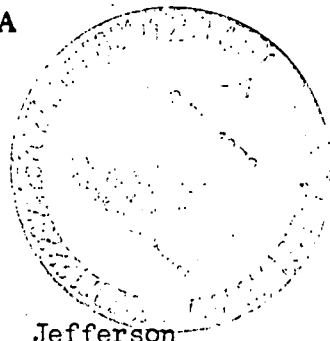
<b>Aquifer elevation</b> _____	<b>Lot Number</b> _____
--------------------------------	-------------------------

Aquifer elevation \_\_\_\_\_ Lot Number \_\_\_\_\_

Lot Number \_\_\_\_\_

FORMATIONS (Color, type of material, hardness, etc.)	From	To
SAND & GRAVEL	0	5
BEDROCK ?	5	
<u>DRY HOLE</u>		

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317



## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township Jefferson

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc. Twp. 27N R. 1W Sec. 36

120S 575W on N. side

WELL LOC: 4 ft. W. & 25 ft. N of NW Corner of Camping Trailer

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner Edward Dawson Address 2424 Sullivan, Burrows, Indiana

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: Ortman Drilling, Inc.

Address 717 S. Malfalfa Road, Kokomo, Indiana

Name of Drilling Equipment Operator: John W., Steve B., Mike G.

### WELL INFORMATION

Depth of well: 182 Date well was completed: Aug. 11, 1978

Diameter of casing or drive pipe: 5" 160# PVC Total Length: 41 (Cemented)  
4' 1" of 5" Std. Wall Casing with rubber

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☒ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☒ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) 37 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested Air Rate 25 g.p.m. Drawdown \_\_\_\_\_ ft.  
Surged 1½ hrs. Before Surged 1½ gpm

Acidize 9½ Cbys.  
Cemented

Signature Ortman Drilling, Inc.

Date Aug. 15, 1978

# WATER WELL LOG

FOR ADMINISTRATIVE USE ONLY  
(Well driller does not fill out)

COUNTY

Madison

TWP.

37N

RGE.

100

200

100

100

100

100

100

100

100

100

Topo Map

Quincy 7.5

Field Located

By W. H. H.

Date

6/23/79

Courthouse Location By

Date

Location accepted w/o verification by

Date

100

200

100

100

100

100

100

100

100

100

Ground Elevation

600

Depth to bedrock

4

Bedrock elevation

596

Aquifer elevation

596

Lot Number

100

Subdivision Name

100

FORMATIONS (Color, type of material, hardness, etc.)

From

To

brown clay

0

4

gray limestone with clay

4

24

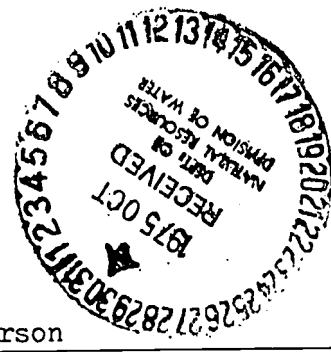
gray limestone

24

182

19 hrs.

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317



## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township Jefferson  
Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.  
Vorner of 150S and 600W NW Corner

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner ~~Dave Forney~~ JOE CARLSON Address RR #6 Box 100 Logansport Indiana  
Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: Hall & Sons Water Supply Contractors  
Address 488 East Canal Street Peru Indiana 46970  
Name of Drilling Equipment Operator: Dalton Davis

### WELL INFORMATION

Depth of well: 144' Date well was completed: 22 September 1975  
Diameter of casing or drive pipe: 52" Total Length: 22'  
Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_  
Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_  
Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_  
Use of Well: For Home ☒ For Industry ☐ For Public Supply ☐ Stock ☐  
Method of Drilling: Cable Tools ☐ Rotary ☒ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐  
Static water level in completed well (Distance from ground to water level) 17' feet  
Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.  
Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.  
Air Tested: \_\_\_\_\_ 15 GPM

(Drawdown is the difference between static level and water level at end of test)

Signature Margaret Laughlin

Date 22 September 1975

**FOR ADMINISTRATIVE USE ONLY**  
(Well driller does not fill out)

**(Well driller does not fill out)**

Subdivision Name

Fi W of EL.

---

3707 FIN of SL.

---

3077 F1 E of WL

---

### —FIS of NL.

Number \_\_\_\_\_

[illegible]

DIVISION OF WATER RESOURCE  
INDIANA DEPARTMENT OF CONSERVATION  
311 WEST WASHINGTON STREET  
INDIANAPOLIS, INDIANA

REC-11930  
RECEIVED  
Bull. of C. & G.  
Ind.

WATER WELL RECORD

INFORMATION ON WELL LOCATION

County in which well was drilled: Cass Civil Township: Noble

Congressional township: 27N Range: 1E Number of section: \_\_\_\_\_

(Fill in as completely as possible)

Describe in your own words the well location with respect to nearby towns, roads, streets

or distinctive landmarks: West of Logansport 3 miles on Highway 24,

north side of road

Name of owner: Max Dunn Address: R. #6, Logansport, Ind.

Name of Well Drilling Contractor: J. B. Ortman & Sons

Address: R. #1, Kokomo, Indiana

Name of Drilling Equipment Operator: Earl Armstrong

INFORMATION ON THE WELL

Completed depth of well: 129 ft. Date well was completed: Sept. 10, 1960

Diameter of outside casing or drive pipe: 4" galv. Length: 21'

Diameter of inside casing or liner: \_\_\_\_\_ Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot size: \_\_\_\_\_

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For home ☒ For industry ☐ For public supply ☒ Stock ☐

Method of Drilling: Cable Tools ☒ Rotary ☐ Rev. Rotary ☐ Jet ☐ Driven ☐

Static water level in completed well (Distance from ground to water level) 51 ft.

Bailer Test: Hours tested  $\frac{1}{2}$  Rate 15 g.p.m. Drawdown 14 ft. (Difference between  
static level and water

Pumping Test: Hours tested 2 Rate 20 g.p.m. Drawdown 32 ft. level at end of test)

Signature Richard K. Ortman

Date 10-12-60

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

[illegible]

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies.

An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location.

As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water Resources, Indiana Department of Conservation, 311 West Washington Street, Indianapolis, Indiana.



Logansport #43

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled CASS Civil Township Clinton

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

S. RIVER Rd At Approx. 475 west, north side

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner U.S.G.S. Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: U.S.G.S.

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

Well Palled 8-2-76

### WELL INFORMATION

Depth of well: 9.10 Date well was completed: Oct. 1975

Diameter of casing or drive pipe: 1 1/2" Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: 1 1/4" Length: 3 ft Slot Size: #50 GRIT

Type of Well: Drilled ☒ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐ Auger

Static water level in completed well (Distance from ground to water level) 8.8 10-75 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Signature U.S.G.S.

Date 5-18-76

# WATER WELL LOG

(Well driller does not fill out)

Logansport #63

COUNTY CASS

TWP. 27N RGE.

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Topo Map C / 100 E 10 S

Flow of FI

Ground Elevation 1297

Field Located By H.S.G.S. Date 5-18-76

FIN of SL.

Denith to bedrock

Courthouse Location By \_\_\_\_\_ Date \_\_\_\_\_

1,000 Ft E of WL

Bedrock elevation 57

Location accepted w/o verification by \_\_\_\_\_

Ft S of NL.

**Aquifer elevation** \_\_\_\_\_

of Number

[illegible]

Logansport  
# 64

DEPARTMENT

DIVISION OF WATER  
NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled C.A.S. Civil Township Clinton

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

S. RIVER Rd. At approx. 425 West, North side

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner U.S.G.S. Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: U.S.G.S.

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

### WELL INFORMATION

Depth of well: \_\_\_\_\_ Date well was completed: \_\_\_\_\_

Diameter of casing or drive pipe: \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) \_\_\_\_\_ feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Signature U.S.G.S.

Date 5-18-76

FOR WELL LOG SPACE USE REVERSE SIDE OF THIS SHEET

# WATER WELL LOG

**FOR ADMINISTRATIVE USE ONLY**  
(Well driller does not fill out)

Logansport # 64

COUNTY CLATSOP TWP. 22ND RGE

SE 1/4 SEC 3

Subdivision Name

Topo Map 1992

Yaddo Ft W of EL.

Ground Elevation 590

Field Located By U.S.S. Date 5-18-76

HSSTFN of SL.

Depth to bedrock         

Courthouse Location By \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Ft E of WL.

Bedrock elevation 524

Location accepted w/o verification by \_\_\_\_\_

~~SECRET~~  
FIS of NL.

Aquifer elevation \_\_\_\_\_

Lot Number \_\_\_\_\_

FORMATIONS (Color, type of material, hardness, etc.)	From	To
Sandy stiff clay BEDROCK.	0 6-	6
DRY HOLE,		

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township \_\_\_\_\_

Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner Longcliff State Hospital Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: \_\_\_\_\_

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

### WELL INFORMATION

Depth of well: 175' Date well was completed: \_\_\_\_\_

Diameter of casing or drive pipe: \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) 30 feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. \_\_\_\_\_ Drawdown \_\_\_\_\_ ft.

(Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. \_\_\_\_\_ Drawdown \_\_\_\_\_ ft.

Signature J Hill

Date 7-77 Recopied (1950 card file)



# WATER WELL LOG

**FOR ADMINISTRATIVE USE ONLY**  
**(Well driller does not fill out)**

**COUNTY**

Case

TWP. 27N RGE

15

 $\frac{1}{4}$ 

ノ

SEC 34

Subdivision Name

## Topo Map

Clippers 7 1/2"

**Field Located**

By

Date \_\_\_\_\_

Date \_\_\_\_\_

**Courthouse Location By**

**By**

Date \_\_\_\_\_

Date \_\_\_\_\_

Location accepted w/o verification by

### -FIS of NL.

### Aquifer elevation

Lot Number

Fi W of EL

### Ground Elevation

# SLNOTES

**Depth to bedrock**

641

- FIE or WL.

**Bedrock elevation**

1

[illegible]

## WATER WELL RECORD

### WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled Cass Civil Township \_\_\_\_\_  
Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

Logansport - State Hospital

### NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner ST. HOSPITAL Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: Layne Northern & J.H. Willhaine

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

### WELL INFORMATION

Depth of well: 158' Date well was completed: \_\_\_\_\_

Diameter of casing or drive pipe: 10"-12" Total Length: 95'

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☒ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) 19 up feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested \_\_\_\_\_ Rate 300 g.p.m. Turbine pumps Drawdown \_\_\_\_\_ ft.

Signature JHill

Date 7-77 Recorded (1955 card file)



**FOR ADMINISTRATIVE USE ONLY**  
(Well driller does not fill out)

1120

COUNTY Mad TWP. 27N RGE

TWP. 27N

## RGF

[illegible] $\frac{1}{4}$  $\frac{1}{2}$ 

## SEC

34

Subdivision Name

Topo Map Cymru '13

## FiW of EL

## Ground Elevation

Subdivision Name

**Field Located** By \_\_\_\_\_ Date \_\_\_\_\_

## FIN of SL.

## Depth to bedrock

Subdivision Name

Courthouse Location By \_\_\_\_\_ Date \_\_\_\_\_

## File of WI

## Bad rock classification

Subdivision Name

Location accepted w/o verification by

# FIS of NI

Antifer elevation

Subdivision Name

[illegible]

DIVISION OF WATER  
DEPARTMENT OF NATURAL RESOURCES, STATE OF INDIANA  
STATE OFFICE BUILDING  
INDIANAPOLIS, INDIANA 46204  
Telephone 633-5267 Area Code 317

Logansport  
# 65

WATER WELL RECORD

WELL LOCATION

(Fill in completely - Refer to instruction sheet)

County in which well was drilled CASS Civil Township FE1  
Driving directions to the well location: Include County Road Names, Numbers, Subdivision Name, lot number, distinctive landmarks, etc.

W. Wabash Ave. at approx. 150 West, North side

NAME OF WELL OWNER and/or BUILDING CONTRACTOR

Well Owner U.S.G.S. Address \_\_\_\_\_

Building Contractor \_\_\_\_\_ Address \_\_\_\_\_

Name of Well Drilling Contractor: U.S.G.S.

Address \_\_\_\_\_

Name of Drilling Equipment Operator: \_\_\_\_\_

WELL INFORMATION

Depth of well: \_\_\_\_\_ Date well was completed: \_\_\_\_\_

Diameter of casing or drive pipe: \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of liner (if used): \_\_\_\_\_ Total Length: \_\_\_\_\_

Diameter of Screen: \_\_\_\_\_ Length: \_\_\_\_\_ Slot Size: \_\_\_\_\_

Type of Well: Drilled ☐ Gravel Pack ☐ Driven ☐ Other \_\_\_\_\_

Use of Well: For Home ☐ For Industry ☐ For Public Supply ☐ Stock ☐

Method of Drilling: Cable Tools ☐ Rotary ☐ Rev. Rotary ☐ Jet ☐ Bucket Rig ☐

Static water level in completed well (Distance from ground to water level) \_\_\_\_\_ feet

Bailer Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft. (Drawdown is the difference between static level and water level at end of test)

Pumping Test: Hours Tested \_\_\_\_\_ Rate \_\_\_\_\_ g.p.m. Drawdown \_\_\_\_\_ ft.

Signature U.S.G.S.

Date 5-18-76

# WATER WELL LOG

**(Well driller does not fill out)**

Lugans Pick # 65

COUNTY CLATSOP

TWP. 27002 RGE. 1E

2/2 1/2 1/2 1/2

SEC 257

### Subdivision Name

## Topo Map

0300

2220 Ft W of EL.

Ground Elevation 575

Field Located

By LSG

Date 5-18-16

2200 F1 W of EL.  
1700  
1300 F1 N of SL.

Depth to bedrock 3

**Courthouse Location By:**

Date \_\_\_\_\_

—Fit E of WL.

Bedrock elevation 291

Location accepted w/o verification by

—Fit S of NL.

### Aquifer elevation

Lot Number

**To**

B

**From**

0

## h

**FORMATIONS (Color, type of material, hardness, etc.)**

Top soil  
Bedrock

# Dry Hole



W W R S

Job No. 12278

County Cass

Township Clinton

Section 34

State Indiana

From Land Description 250' S. of River Road N. of State Hospital

From Street or Road 825 W. of West Entrance Rd.

Date Completed 7-15-68 Driller Paul Wyatt

# WATER WELL LOG

FOR ADMINISTRATIVE USE ONLY  
(Well driller does not fill out)

COUNTY: CASS TWP. 27N RGE. 1E NE 4 SW 4 NW 4 SEC. 34

Topo Map: Johnson 7 1/2

Well log classified By            Date           

Courthouse located By            Date           

Field located By            Date           

Acc. w/o verification By            Date           

Ft W of EL. Ground elevation 540  
Ft N of SL. Depth to bedrock             
Ft E of WL. Bedrock elevation 508  
Ft S of NL. Aquifer elevation           

To            From             
at 11 ft from concrete top of well casing  
city water

Well located in  
well concrete base  
on north side of road

Well location

FORMATIONS (Color, type of material, hardness, etc.)

REMARKS:

## INSTRUCTIONS

This Water Well Record form is designed to record the most essential data concerning a water well. We request that you be as accurate as possible in recording this information as it may be of great assistance in the planning and development of new water supplies. An accurate location of the well is equally as important as an accurate well log. Please include all information possible in the space provided for well location. As specified in Chapter 6 of the Acts of 1959, a copy of this report must be submitted within thirty days after the completion of a well to the Division of Water

Johnson 7 1/2  
type  
77-85-68  
#6  
Johnson City



**NORTHERN COMPANY**

INCORPORATED

INDIANAPOLIS • MISHAWAKA • LANSING

☒ TEST

☐ PERMANENT

Job No. 12278

WELL LOG No. 68B CITY Logansport County Cass

Owner City Water Department Township Clinton

Section \_\_\_\_\_

### Location

State Indiana

From Land Description Logansport State Hospital

From Street or Road 500' South of 125 S. of 475 East of 200 West

[illegible]

Hole 8 "Dia Drilled by: { Cable Tool X Rotary \_\_\_\_\_ Jetting \_\_\_\_\_  
Reverse Circ. \_\_\_\_\_ Bucket \_\_\_\_\_ Auger \_\_\_\_\_

Rotary Hole Grouted; Neat Cement \_\_\_\_\_ Drilling Mud \_\_\_\_\_ Other \_\_\_\_\_

Casing            "OD From            "above ground to            feet below ground. Weight            Pounds per foot

Screen \_\_\_\_\_ " Set from \_\_\_\_\_ to \_\_\_\_\_ feet      Make \_\_\_\_\_ Type \_\_\_\_\_ Slot \_\_\_\_\_

Pumping test \_\_\_\_\_ GPM drawdown to \_\_\_\_\_ feet after \_\_\_\_\_ hours pumping

FORMATIONS (Color, type of material, hardness, etc.)

From

To

Topo Map: Cedar

Well log classified By 200241 Date \_\_\_\_\_

Courthouse located By \_\_\_\_\_ Date \_\_\_\_\_

Field located By EPHUS Date 7-12-74

Acc. w/o verification By \_\_\_\_\_ Date \_\_\_\_\_

Wellhead at (city, water best) but the known of no one could find them and the did not know where they were

200241

1-12-74

Ft W of EL. \_\_\_\_\_ Ground elevation \_\_\_\_\_

Ft N of SL. \_\_\_\_\_ Depth to bedrock \_\_\_\_\_

Ft E of WL. \_\_\_\_\_ Bedrock elevation \_\_\_\_\_

Ft S of NL. \_\_\_\_\_ Aquifer elevation \_\_\_\_\_

REMARKS:

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*Jorge*  
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g.  
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